

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						10/216453			
						APPLICANT(S)			
6-27-05						CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1									
2									
3									
4									
5									
6									
7									
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9									
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39									
40									
41									
42									
43									
44									
45									
46	1								
47									
48									
49									
50									
TOTAL IND.	1								
TOTAL DEP.	0	←	←	←	←	←	←	←	
TOTAL CLAIMS	1								
						TOTAL IND.			
						TOTAL DEP.	←	←	
						TOTAL CLAIMS			